

**FEC
FORM 3**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

RECEIVED

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Office Use Only

FEC MAIL CENTER

12FE4M5

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

COMMITTEE TO ELECT ROBERT CONAWAY

ADDRESS (number and street)

12127 MALL BLVD A-363

Check if different
than previously
reported. (ACC)

VICTORVILLE

CA

92392

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C 00560656

3. IS THIS
REPORT

☒ NEW
(N)

OR

☐ AMENDED
(A)

CA 08

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

☐

April 15 Quarterly Report (Q1)

☐

July 15 Quarterly Report (Q2)

☒

October 15 Quarterly Report (Q3)

☐

January 31 Year-End Report (YE)

☐

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

☐

Primary (12P)

☐

General (12G)

☐

Runoff (12R)

☐

Convention (12C)

☐

Special (12S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the
State of

State

(c) 30-Day POST-Election Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

MM / DD / YYYY

MM / DD / YYYY

MM / DD / YYYY

in the
State of

State

5. Covering Period

02 07 2014

through

09 30 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

JACQUESE L. CONAWAY

Signature of Treasurer

Jacquese L. Conaway

Date

10 15 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only

FEC FORM 3
(Revised 02/2003)

SUMMARY PAGE

FEC Form 3 (Revised 02/2003)

of Receipts and Disbursements

Page 2

Write or Type Committee Name

Committee for Elect Robert Conway

Report Covering the Period:

From:

02 07 2014

To:

09 30 2014

COLUMN A
This Period

COLUMN B
Election Cycle-to-Date

6. Net Contributions (other than loans)

(a) Total Contributions
(other than loans) (from Line 11(e))

5,866.26

5,866.26

(b) Total Contribution Refunds
(from Line 20(d))

0

0

(c) Net Contributions (other than loans)
(subtract Line 6(b) from Line 6(a))

5,866.26

5,866.26

7. Net Operating Expenditures

(a) Total Operating Expenditures
(from Line 17)

5,739.15

5,739.15

(b) Total Offsets to Operating
Expenditures (from Line 14)

0

0

(c) Net Operating Expenditures
(subtract Line 7(b) from Line 7(a))

5,739.15

5,739.15

8. Cash on Hand at Close of
Reporting Period (from Line 27)

1,271.11

9. Debts and Obligations Owed TO
the Committee (Itemize all on
Schedule C and/or Schedule D)

0

10. Debts and Obligations Owed BY
the Committee (Itemize all on
Schedule C and/or Schedule D)

703.00

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

COMMITTEE TO ELECT ROBERT CONAWAY

Report Covering the Period:

From:

02 07 2014

To:

09 30 2014

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than
Political Committees

(i) Itemized (use Schedule A).....

(ii) Unitemized.....

(iii) TOTAL of contributions
from individuals ▶

(b) Political Party Committees.....

(c) Other Political Committees
(such as PACs).....

(d) The Candidate.....

(e) TOTAL CONTRIBUTIONS
(other than loans)
(add Lines 11(a)(iii), (b), (c), and (d))..

2442.00

290.00

2732.00

0

0

2899.78

5631.78

2442.00

290.00

2732.00

0

0

2899.78

5631.78

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

0

0

13. LOANS:

(a) Made or Guaranteed by the
Candidate.....

(b) All Other Loans.....

(c) TOTAL LOANS
(add Lines 13(a) and (b)).....

200.00

0

200.00

200.00

0

200.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

34.48

34.48

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

0

0

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

5866.26

5866.26

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....

5739.15

5739.15

18. TRANSFERS TO OTHER
AUTHORIZED COMMITTEES

0

0

19. LOAN REPAYMENTS:

(a) Of Loans Made or Guaranteed
by the Candidate.....

0

0

(b) Of All Other Loans

0

0

(c) TOTAL LOAN REPAYMENTS
(add Lines 19(a) and (b)).....

0

0

20. REFUNDS OF CONTRIBUTIONS TO:

(a) Individuals/Persons Other
Than Political Committees

0

0

(b) Political Party Committees.....

0

0

(c) Other Political Committees
(such as PACs)

0

0

(d) TOTAL CONTRIBUTION REFUNDS
(add Lines 20(a), (b), and (c)).....

0

0

21. OTHER DISBURSEMENTS.....

0

0

22. TOTAL DISBURSEMENTS

(add Lines 17, 18, 19(c), 20(d), and 21) ►

5739.15

5739.15

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....

0

24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....

5866.26

25. SUBTOTAL (add Line 23 and Line 24).....

5866.26

26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....

5739.15

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD

(subtract Line 26 from Line 25).....

127.11

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 5 OF 11
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

COMMITTEE TO ELECT ROBERT CONAWAY

Full Name (Last, First, Middle Initial)

A.

COFFEY, JOHN

Mailing Address

P O BOX 2258

City

BARSTON

State

CA

Zip Code

92312

FEC ID number of contributing
federal political committee.

C

Name of Employer

BARSTON SCHOOL DIST

Occupation

PARA EDUCATOR

Receipt For:

☒ Primary

☐ General

☐ Other (specify)

Election Cycle-to-Date

1,742.00

Date of Receipt

02/19/2014

Amount of Each Receipt this Period

1,742.00

Full Name (Last, First, Middle Initial)

B.

HAMMOND, WATSON

Mailing Address

701 MONTARA ROAD #135

City

BARSTON

State

CA

Zip Code

92311

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED

Occupation

RETIRED

Receipt For:

☐ Primary

☒ General

☐ Other (specify)

Election Cycle-to-Date

100.00

Date of Receipt

09/27/2014

Amount of Each Receipt this Period

100.00

Full Name (Last, First, Middle Initial)

C.

WILLIAMSON, DON

Mailing Address

29102 ROSEWOOD LANE

City

HIGHLAND

State

CA

Zip Code

92346

FEC ID number of contributing
federal political committee.

C

Name of Employer

RETIRED COUNTY ASSESSOR

Occupation

RETIRED

Receipt For:

☐ Primary

☒ General

☐ Other (specify)

Election Cycle-to-Date

50.00

Date of Receipt

09/13/2014

Amount of Each Receipt this Period

50.00

SUBTOTAL of Receipts This Page (optional)

TOTAL This Period (last page this line number only)

1,892.00
534.78

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 6 OF 11
(check only one)
☒ 11a ☐ 11b ☐ 11c ☐ 11d
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full) <u>Committee to Elect Robert CONAWAY</u>	
Full Name (Last, First, Middle Initial) <u>CONAWAY, ROBERT D.</u>	
A. Mailing Address <u>22269 MIRAMOT ROAD</u> City <u>APPLE VALLEY</u> State <u>CA</u> Zip Code <u>92308</u>	Date of Receipt <u>06/10/2014</u>
FEC ID number of contributing federal political committee. <u>C</u>	Amount of Each Receipt this Period <u>2,879.78</u> <u>CASH IN KIND - PAID</u> <u>PDR SIGN BILL</u>
Name of Employer <u>Self</u>	Occupation <u>Attorney</u>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <u>2879.78</u>
Full Name (Last, First, Middle Initial) <u>CONAWAY, ROBERT D.</u>	
B. Mailing Address <u>22269 MIRAMOT ROAD</u> City <u>Apple Valley</u> State <u>CA</u> Zip Code <u>92308</u>	
FEC ID number of contributing federal political committee. <u>C</u>	Date of Receipt <u>08/14/2014</u>
Name of Employer <u>Self</u>	Amount of Each Receipt this Period <u>20.00</u> <u>CASH IN KIND - bought</u> <u>DATA DISC</u>
Name of Employer <u>Self</u>	Occupation <u>Attorney</u>
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <u>200.00</u>
Full Name (Last, First, Middle Initial) <u>HODGE, STANLEY</u>	
C. Mailing Address <u>15490 CIVIC DRIVE #204</u> City <u>Victorville</u> State <u>CA</u> Zip Code <u>90254</u>	
FEC ID number of contributing federal political committee. <u>C</u>	Date of Receipt <u>05/16/2014</u>
Name of Employer <u>Self</u>	Amount of Each Receipt this Period <u>200.00</u>
Name of Employer <u>Self</u>	Occupation <u>Attorney</u>
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date <u>200.00</u>
SUBTOTAL of Receipts This Page (optional).....	
<u>3,099.78</u>	
TOTAL This Period (last page this line number only).....	

SCHEDULE A (FEC Form 3)

ITEMIZED RECEIPTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:	PAGE 7 OF 11
(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
<input type="checkbox"/> 12	<input type="checkbox"/> 13a
<input type="checkbox"/> 11c	<input type="checkbox"/> 11d
<input type="checkbox"/> 13b	<input type="checkbox"/> 14
<input type="checkbox"/> 15	

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NAME OF COMMITTEE (in Full)
COMMITTEE X ELECT ROBERT CONAWAY

Full Name (Last, First, Middle Initial) A. WISELY, JIM		Date of Receipt 02 07 2014
Mailing Address 1570 PROSPECT AVENUE		Amount of Each Receipt this Period 250.00
City HERMOSA BEACH	State Zip Code CA 90254	
FEC ID number of contributing federal political committee. C		
Name of Employer Retired state worker	Occupation Political Consultant	Amount of Each Receipt this Period 250.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00	

Full Name (Last, First, Middle Initial) B. LAVIN, RICHARD		Date of Receipt 07 07 2014
Mailing Address PO Box 871		Amount of Each Receipt this Period 100.00
City BLUE JAY	State Zip Code CA	
FEC ID number of contributing federal political committee. C		
Name of Employer Retired	Occupation Retired	Amount of Each Receipt this Period 100.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 100.00	

Full Name (Last, First, Middle Initial) C.		Date of Receipt
Mailing Address		
City	State Zip Code	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional)	350.00
TOTAL This Period (last page this line number only)	

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 8 OF 11

☒ 17 ☐ 18 ☐ 19a ☐ 19b
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

COMMITTEE TO ELECT ROBERT CONAWAY

Full Name (Last, First, Middle Initial)

A. SECRETARY OF STATE (CA)

Mailing Address

1500 11th Street

City

SACRAMENTO

State

Code

95814

Purpose of Disbursement

FILE FEE

FILE

Candidate Name

ROBERT CONAWAY

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☒ Primary ☐ General
☐ Other (specify)

State: CA

District: 08

Full Name (Last, First, Middle Initial)

B. PDQ PRINTING Las Vegas

Mailing Address

3820 S. Valley View Blvd

City

Las Vegas NV

State

Zip Code

89103

Purpose of Disbursement

YARD SIGNS, ROAD SIGNS

006

Candidate Name

ROBERT D. CONAWAY

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☒ General
☐ Other (specify)

State: CA

District: 08

Full Name (Last, First, Middle Initial)

C. PDQ PRINTING Las Vegas

Mailing Address

3820 S. Valley View Blvd

City

Las Vegas NV

State

Zip Code

89103

Purpose of Disbursement

YARD & ROAD SIGNS & WALKING

006

Candidate Name

PIECES

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☒ Primary ☐ General
☐ Other (specify)

State: CA

District: 08

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

Date of Disbursement

02/14/2014

Amount of Each Disbursement this Period

1742.00

Date of Disbursement

08/18/2014

Amount of Each Disbursement this Period

70000

Date of Disbursement

06/10/2014

Amount of Each Disbursement this Period

2679.78

512178

572242

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE **9** OF **11**

☒ 17 ☐ 18 ☐ 19a ☐ 19b
20a 20b 20c 21

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NAME OF COMMITTEE (In Full)

Committee to Elect Robert Conway

Full Name (Last, First, Middle Initial)

Date of Disbursement

08/14/2014

A. *SAN BERNARDINO REGISTRAR*

Mailing Address

777 E RIALTO AVENUE

City State Zip Code

SAN BERNARDINO CA 92415

Purpose of Disbursement

DATA DISC (Voter File)

006

Candidate Name

ROBERT D. CONAWAY

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☒ General
☐ Other (specify)

State: *CA* District: *08*

Amount of Each Disbursement this Period

2000

Full Name (Last, First, Middle Initial)

Date of Disbursement

09/30/2014

B. *INYO REGISTRAR*

Mailing Address

3180 N. MAIN STREET STE 108

City State Zip Code

BISHOP CA 93514

Purpose of Disbursement

POLITICAL AD

006

Candidate Name

ROBERT D. CONAWAY

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☒ General
☐ Other (specify)

State: *CA* District: *08*

Amount of Each Disbursement this Period

400.64

Full Name (Last, First, Middle Initial)

Date of Disbursement

08/19/2014

C. *ARSON CONAWAY*

Mailing Address

12277 APPLE VALLEY ROAD #371

City State Zip Code

APPLE VALLEY CA 92308

Purpose of Disbursement

COMPUTER SERVICES

006

Candidate Name

ROBERT D. CONAWAY

Category/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☒ General
☐ Other (specify)

State: *CA* District: *08*

Amount of Each Disbursement this Period

180.00

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)

600.64

SCHEDULE C (FEC Form 3)

LOANS

Use separate schedule(s)
for each category of the
Detailed Summary Page

PAGE 10 OF 11

FOR LINE NUMBER:
(check only one)

☒ 13a
☐ 13b

NAME OF COMMITTEE (In Full)

Committee to Elect Robert Conaway

LOAN SOURCE Full Name (Last, First, Middle Initial)

CONAWAY, ROBERT D

Election:

☐ Primary
☒ General
☐ Other (specify) ▼

Mailing Address

22269 MIRAMONTE ROAD

City

Apple Valley CA

State

ZIP Code

92308

Original Amount of Loan

200.00

Cumulative Payment To Date

0

Balance Outstanding at Close of This Period

200.00

TERMS

Date Incurred

06/10/2014

Date Due

01/01/2015

Interest Rate

0.00 % (apr)

Secured:

☐ Yes ☒ No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

2. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

3. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

4. Full Name (Last, First, Middle Initial)

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount
Guaranteed
Outstanding:

SUBTOTALS This Period This Page (optional)

200.00

TOTALS This Period (last page in this line only)

200.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE D (FEC Form 3)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate
schedule(s)
for each
numbered line)

PAGE 11 OF 11

FOR LINE NUMBER:
(check only one)

☐ 9
☒ 10

NAME OF COMMITTEE (In Full)

COMMITTEE TO ELECT ROBERT CONAWAY

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

PDQ PRINTING- LAS VEGAS

Nature of Debt (Purpose):

SIGNS

Mailing Address

3820 S Valley View Blvd

City

State

Zip Code

LAS VEGAS NV 89103

Outstanding Balance Beginning This Period

1403.00

Amount Incurred This Period

1403.00

Payment This Period

700.00

Outstanding Balance at Close of This Period

703.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) SUBTOTALS This Period This Page (optional)

2) TOTALS This Period (last page this line number only)

3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)

4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only)

703.00
703.00
0
703.00

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OUR FASTEST SERVICE IN THE U.S.

WHEN USED INTERNATIONALLY,
A CUSTOMS DECLARATION
LABEL MAY BE REQUIRED.



EP13F July 2013 OD: 12.5 x 9.5



PS10001000006

RECEIVED
PRESS FIRMLY TO SEAL
OCT 16 AM 11:03

FEC MAIL



EH 748025297 US

ORIGIN (POSTAL SERVICE USE ONLY)	
PO ZIP Code	92401
Date Accepted	Mo 10 Day 15 Year 14
Time Accepted	11:24 AM
Flat Rate <input type="checkbox"/> or Weight	<input checked="" type="checkbox"/> Weight
Day of Delivery	Next <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd Day
Scheduled Date of Delivery	Month 10 Day 16
Scheduled Time of Delivery	Week <input type="checkbox"/> 3 PM
Postage	\$ 19.99
Return Receipt Fee	\$
COD Fee	\$
Insurance Fee	\$
Total Postage & Fees	\$ 19.99
Int'l Alpha Country Code	028
Acceptance Emp. Initials	WTR

FROM: (PLEASE PRINT) PHONE 7602475566
ROBERT CONAWAY
22269 MIRAMOT ROAD
APPLEVALEY CA 92308

FOR PICKUP OR TRACKING
Visit www.usps.com
Call 1-800-222-1811



U.S. POSTAGE
PAID
SAN BERNARDINO, CA
92401
OCT 15 14
AMOUNT

\$19.99
00091041-18

1007



Massie Copy
Labs, 11-B, March 2004

UNITED STATES POSTAL SERVICE® Post Office To Addresssee

DELIVERY (POSTAL SERVICE USE ONLY)	
Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM Employee Signature
Mo. Day	
Delivery Attempt	Time <input type="checkbox"/> AM <input type="checkbox"/> PM Employee Signature
Mo. Day	
Delivery Date	Time <input type="checkbox"/> AM <input type="checkbox"/> PM Employee Signature
Mo. Day	

CUSTOMER USE ONLY
PAYMENT BY ACCOUNT
Express Mail Corporate Acct. No. ☐ WAGER OF SIGNATURE (Domestic Mail Only)
Additional merchandise insurance is void if customer requests waiver of signature.
I wish delivery to be made without obtaining signature of addressee's agent (if delivery employee judges that it can be left in secure location) and I authorize delivery employee to sign signature constitutes valid proof of delivery.
Federal Agency Acct. No. or Postal Service Acct. No. ☐ NO DELIVERY ☐ Holiday ☐ Mailer Signature

TO: (PLEASE PRINT) PHONE 202 694 1100
FEDERAL ELECTION COMMISSION
999 E STREET, N.W.
WASHINGTON DC 20463
ZIP + 4 U.S. ADDRESSES ONLY. DO NOT USE FOR FOREIGN POSTAL CODES.
20463 + ☐ ☐ ☐ ☐ ☐ ☐
FOR INTERNATIONAL DESTINATIONS, WRITE COUNTRY NAME BELOW.

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POSTAL SERVICE

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
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<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
<input checked="" type="checkbox"/> USPS Priority Mail Express	Postmarked 10/15/14
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
	Next Business Day Delivery <input type="checkbox"/>
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

PREPARER

(8/2013)

DATE PREPARED

11/11/14